

United States
Environmental Protection
Agency
Washington DC 20460

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies. 819609

1L #361

810609

1LS-000-001-163

Name NL Industries, Inc.
Street P.O. Box 1090 (Wyckoff-Mill Road)
City Hightstown State NJ Zip Code 08520

Name of Site Lead Products Plant
Street 2639 W. Lexington St.
City Chicago County _____ State IL Zip Code 60643

Name (Last, First and Title) Baser, F.R. Dir. Environmental Control
Rodman, H.G., Environmental Engineer

Phone 609/443-2411 or 2410

From (Year) Unknown To (Year) Unknown

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☒ Other (Specify)

Lead Products
mfg.

Form Approved
GSA No. 2000-0138

000191 JUN-98

EPA Region 5 Records Ctr.



358406

JUN 12 1981

Notification of Hazardous Waste Site

Side Two

F Waste Quantity

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☐ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☒ Other (Specify) UNKNOWN

Total Facility Waste Amount

cubic feet UNKNOWN

gallons _____

Total Facility Area

square feet UNKNOWN

acres _____

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

Notification based on presumed storage of lead wastes.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other"

Name F. R. Baser

Street _____

City _____

State _____

Zip Code _____

Signature Fred Baser

Date 6/8/81

- ☐ Owner, Present
☒ Owner, Past
☐ Transporter
☐ Operator, Present
☒ Operator, Past
☐ Other